

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

Serial No:

Filing Date

101598,205

Atticantia

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51						
2		1					52						
3		1					53						
4		2					54						
5		1					55						
6		1					56						
7							57						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1	↓	1	↓		↓							
TOTAL REQ.	40	←	5	←		←							
TOTAL CLAIMS	7		6										